



**BCRD**  
BLAINE COUNTY  
RECREATION DISTRICT

# HAILEY TRACK & FIELD

## 2010 REGISTRATION FORM

**REGISTRATION:** Wednesday, April 7<sup>th</sup> 4:30 – 6:30 pm at Community Campus  
**WHO:** All boys and girls 1<sup>st</sup> – 5<sup>th</sup> Grade  
**DATES:** April 12<sup>th</sup> – May 1<sup>st</sup>  
**DAYS/TIMES:** Mondays & Wednesdays 2:30 – 3:30 pm  
**LOCATION:** Hailey Elementary Playing Field (Nelson Field)  
**FEE:** \$35.00 includes a T-shirt (\$30.00 if you have a T-shirt)

**BLAINE COUNTY TRACK MEET: SATURDAY, MAY 1<sup>st</sup> AT CAREY SCHOOL TRACK**

Child \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Hm # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

**Medical Information: Please list any medical problems or medications:**

\_\_\_\_\_

**Parental Consent and Waiver:** I hereby certify my child (ward) \_\_\_\_\_ is physically fit, has medical insurance and has been given consent to participate in the BCRD Track & Field program and Track Meet. I understand that all safety precautions will be taken, but in the event of accident or injury, BCRD, instructors or agents cannot be held responsible and I do hereby waive, relinquish & release all rights to damages that may be sustained. This waiver also gives the BCRD Track & Field program permission to use photographs/video tapes of my child participating in the program for publicity purposes. Staff/Coaches have my permission to seek emergency medical treatment, if needed.

Parent/ Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent Participation: We welcome and encourage parent's to participate in the program. Please indicate if you would like to:**  Assistant Coach  Volunteer at Track Meet

**PLEASE NOTE:** Parents please pick up children promptly after practice. All participants can take part in the Hershey Track Meet but only youth 9 – 14 years are eligible for the Hershey State Track Meet.

Amount Paid _____	Date _____	\$29.65 code 055-4101 instruction
		\$ 5.05 code 055-4100 uniform
Scholarship _____		\$ .30 sales tax